

EMPOWERMENT: BUILDING TRUST AND RESPECT IN THE WORKPLACE

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## TABLE OF CONTENTS

Table of Contents.....	i
Abstract.....	iii
Chapter I: Introduction	
Introduction.....	1
Background and Significance.....	3
Statement of Problem.....	5
Purpose of the Study.....	5
Research Question.....	6
Theoretical Framework.....	6
Definition of Terms.....	6
Limitations.....	7
Assumptions.....	7
Summary.....	8
Chapter II: Literature Review	
Introduction.....	9
Organization of Literature.....	9
Theoretical Framework.....	10
Knowledge and Perceptions.....	25
Impacting Factors.....	35
Summary.....	49
Chapter III: Methods and Procedures	
Research Question.....	53
Population, Sample, and Setting.....	54
Protection of Human Subjects.....	54

Procedure.....	55
Research Design.....	56
Instrumentation, Reliability, and Validity.....	56
Measures of Data Analysis.....	58
Summary.....	58
References.....	60
Appendix A.....	64

## **ABSTRACT**

**RESEARCH SUBJECT:** Using Empowerment to Increase Job Satisfaction and Organizational Commitment

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In organizations where there is a perceived lack of trust and respect between management and staff, employees also may distrustful of the organization. Perceived lack of trust and respect leads to decreased job satisfaction and commitment to the organization's goals and activities. The purpose of this study is to examine the relationships between nurses' empowerment with organizational justice, respect, and trust in nursing management and subsequent job satisfaction and organizational commitment. The theoretical framework for this study is Kanter's Theory of Organizational Empowerment (1993). A random sample will be used consisting of 200 nurses working in intensive care and medical-surgical units in urban hospitals in Central Indiana. The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) will be used to measure nurses' perceptions of access to six elements of structural empowerment described by Kanter (1977). Moorman's (1991) Justice Scale will be used to measure interactional justice, while respect will be measured using Siegrist's (1996) Esteem Scale. To measure nurses' trust in management, Mishra's (1996) 17-item Trust in Management Scale will be used. Job satisfaction and organizational commitment will be measured using subscales

from Williams and Cooper's (1998) Pressure Management Indicator. Results will provide hospital administrators and nursing management with information on relationships between empowering work structures and organizational outcomes such as job satisfaction and organizational commitment.

## Chapter I: Introduction

Nurses are central to healthcare systems and delivery of care to patients.

However, current systems require many more nurses than available, thus creating a nursing shortage. The United States nursing shortage is projected to increase to 260,000 registered nurses by 2025 (Rosseter, 2009). Despite this fact the U.S. Bureau of Labor Statistics reports the healthcare sector of the economy continues to grow, even though we are in recession. For example, hospitals, long-term care facilities, and ambulatory care settings added 21,000 nursing jobs in June, 2009, a month when almost 500,000 jobs in other disciplines were eliminated across the country. To further complicate the nursing shortage are advancing average age of nurses, large numbers of RNs retiring, increased usage of healthcare from aging Baby Boomers, and increased healthcare knowledge and technology skills. As a result, the shortage of nurses in the U.S. is expected to continue and worsen through 2020 (Rosseter, 2009).

The term “nursing shortage” refers to the situation where demand for nurses is greater than supply. Nursing schools and healthcare organizations have started addressing the nursing shortage using varying strategies. Nursing schools are making nursing education more accessible through satellite programs, flexible class times, and on-line classes; and healthcare organizations are providing tuition reimbursement,

sign-on bonuses, free child-care, and competitive wages and benefits. Meanwhile, however, the nursing shortage creates a major problem impacting efficiency and quality of care: insufficient staffing. Nurses report that insufficient staffing affects quality of work life, amount of time nurses spend with patients, job satisfaction, trust in nursing management, emotional well-being, and mental well-being (Rosseter, 2009). Decreased job satisfaction and increased stress in turn result in less organizational commitment and increased intention to change jobs (Laschinger, Leiter, Day, & Gilin, 2009).

Studies have examined significant links among trust and respect in nursing management, job satisfaction, and organizational commitment. Findings have shown that nursing management must work hard to maintain trust and respect in the workplace, especially if the profession is to survive the impending shortage of registered nurses (Laschinger & Finegan, 2005 b). Ways to increase mutual trust and respect between nursing management and staff nurses include providing resources to facilitate care, providing support through adequate staffing, giving necessary information about organizational decisions and policies, and providing opportunities to learn and grow professionally (Laschinger, Finegan, & Shamian, 2001). All of these strategies are empowering work structures and described by Kanter (1993) in the Theory of Organizational Empowerment.

Support for Kanter's Theory of Organizational Empowerment provides guidance for health care leaders interested in creating mutually trusting and respectful work environments that benefit nurses and patients. Applying Kanter's empowerment structures as a guide for creating effective work environments will require a change in the nurse management role. Nurse managers must focus less on control and more on

coordination and facilitation of nurses' work. As nursing work environments restructure to better manage increasing numbers of high-acuity patients with fewer staff nurses, managers must ensure that structures are in place to allow accomplishment of meaningful goals (Laschinger, Finegan, & Shamian, 2001). Both nurses and nurse managers must be willing to work together to develop climates of mutual trust that foster work satisfaction and genuine commitment to healthcare organizations.

### *Background and Significance*

History suggests that nursing shortages have been a chronic condition in the United States for at least the past 70 years. One of the first significant nursing shortages occurred during the Great Depression and low pay was considered the primary culprit. Less than a decade later when thousands of nurses joined the armed forces, hospitals serving the sick were left with almost no nurses and hired local "housewives" with no more education than a high school diploma. The nursing shortage diminished with the end of World War II and the return home of military nurses. The movement of nursing schools away from hospitals and toward colleges and universities where higher numbers of students could be housed and taught also helped decrease the shortage. However, the 1960s brought more bad news for nurses and hospitals: low wages meant less nurses. The average weekly salary was \$80 a week. Many large hospitals cut operating capacity due to nursing shortages, and nursing salaries began to rise steadily in response. During the 1970s and 1980s, shift to health maintenance organizations (HMOs) became the healthcare system of choice versus traditional fee-for-service medicine. Hospital reimbursement was cut dramatically forcing hospitals to make drastic budget cuts and lay off nurses. By the mid-1990s, nursing schools had responded accordingly and decreased



nursing class sizes or had shut down programs entirely. With a drop in nursing school graduates, the nursing shortage increased. The aging workforce has exacerbated this situation. Half of the nation's nurses will reach retirement age by the year 2020, the majority of the Baby Boomers will be entering the Medicare program within the next five years, and people are living longer. Subsequently, the healthcare system will have increased demand for healthcare services and decreased supply of nurses (Hospital Association of Southern California, 2006).

While organizations are attempting to address the nursing shortage in a variety of ways, the question hospital administrators must ask is, "What can we do to increase our nurses' job satisfaction and commitment to our organization?" Increased organizational and occupational commitment in nursing have been attributed to work structures that empower nurses, such as making opportunities available for employees to learn and grow professionally, providing adequate resources and support to perform work well, and clearly stating information regarding organizational decisions. Nurses must be empowered to fulfill organizational goals and to be fully committed to the organization (Laschinger & Finegan, 2005 b). Unfortunately, healthcare organizations tend to create climates of mistrust by excluding employees in decision-making, restructuring to effectively meet patient need while decreasing cost, and cutting costs by decreasing benefits and/or incentives to employees. Decreased trust in management can have very negative effects, causing employees to become less likely to contribute to organizational goals and activities. In fact, research has demonstrated significant links between trust in management and quality of patient care, as well as trust in management and job satisfaction (Laschinger, Shamian, & Thomson, 2001). Yet, nurses continue to report

decreased levels of trust in nursing management as a key component of intentions to stay with an organization or to leave (Laschinger & Finegan, 2005 a).

In order to develop empowering workplaces that build climates of mutual trust, nurse managers must have a good understanding of each work empowerment structure and how each structure impacts job satisfaction and organizational commitment. Each nursing work environment is unique and can be influenced by many factors and all factors must be taken into consideration when adapting and applying empowering structures to the clinical setting (Nedd, 2006). Further study on the actual application of empowering work structures to the clinical setting can contribute to the existing body of knowledge and help nurse administrators in further development, adaptation, and use of empowering work structures as a strategy to retain nurses.

#### *Statement of the Problem*

Employees of organizations in which a perceived lack of trust and respect exists between management and staff distrust the organization, as well. Perceived lack of trust and respect leads to decreased job satisfaction and commitment to the organization's goals and activities (Laschinger & Finegan, 2005 b).

#### *Purpose of the Study*

The purpose of this study is to test Kanter's Theory of Organizational Empowerment linking nurses' empowerment to organizational justice, respect, and trust in nursing management, and ultimately, job satisfaction and organizational commitment. This study is a partial replication of Laschinger and Finegan's (2005 b) study.

### *Research Question*

Does staff nurse empowerment impact staff nurses' perceptions of respect in the work setting and trust in management, which ultimately influences job satisfaction and organizational commitment?

### *Theoretical Framework*

Kanter's Theory of Organizational Empowerment, having been tested in research studies and possessing established value in professional nursing, will guide this study (Laschinger, Finegan, & Shamian, 2001; Laschinger & Finegan, 2005 b; Nedd, 2006). Kanter's theory offers a framework for building meaningful work environments for professional nurses and proposes that situational aspects of the workplace influence employee attitudes and behaviors more than personal predispositions. Relationships examined in this study include concepts described in Kanter's Theory of Organizational Empowerment. Kanter's theory will effectively guide this study in the examination of relationships that will provide information for creating workplaces where trust, respect, and empowerment exist.

### *Definition of Terms*

#### *Organizational Justice*

Organizational justice refers to employees' perceptions of fairness in organizational processes (Laschinger & Finegan, 2005 b).

#### *Organizational Trust*

Laschinger & Finegan (2005 b) defined organizational trust as the belief that an employer will be honest and follow through on commitments.

### *Respect*

Respect is defined as paying attention to and taking seriously another individual (Laschinger & Finegan, 2005 b).

### *Job satisfaction*

Laschinger & Finegan (2005 b) define job satisfaction as the total perceived feeling when communication is open among peers and management, nurses are allowed to practice autonomy, and nurses' stress levels are low.

### *Organizational Commitment*

Organizational commitment is the level of attachment an employee has to the organization in which he/she works (Laschinger & Finegan, 2005 b).

### *Limitations*

Generalization is limited due to selection of nurses employed in hospitals only in Central Indiana, while the strong urban center will slant the findings to represent nurses in larger hospitals. Self report responses, influenced by extremely positive and/or extremely negative situational factors that have recently occurred, could limit study results, as well.

### *Assumptions*

This non-experimental predictive study replication will be grounded by the following assumptions:

1. Justice, trust, respect, and empowerment structures are desirable characteristics of the workplace.
2. Job satisfaction is directly related to organizational commitment.

3. Employee attitudes and behaviors are influenced by the workplace.
4. Participants will answer questions in an honest manner.

### *Summary*

Research is necessary to better understand processes that mediate relationships among empowering work structures and organizational outcomes. Organizational trust, respect, job satisfaction, and organizational commitment are important components of the workplace and need to be better understood so that healthcare administrators attract and retain nurses. The purpose of this study is to test Kanter's Theory of Organizational Empowerment linking nurses' empowerment to organizational justice, respect, and trust in management, and ultimately to job satisfaction and organizational commitment. This study will be a partial replication of Laschinger and Finegan's (2005 b) study. Kanter's Theory of Organizational Empowerment will provide the framework whereby relationships can be examined while offering valuable information to healthcare administrators and nursing management.

## Chapter II: Literature Review

Employees of organizations in which a perceived lack of trust and respect exists between management and staff may become distrustful of the organization. Perceived lack of trust and respect leads to decreased job satisfaction and commitment to the organization's goals and activities. This non-experimental predictive study is a partial replication of Laschinger and Finegan's (2005 b) study. The purpose is to test a model of organizational empowerment linking nurses' empowerment to organizational justice, respect, and trust in nursing management and the subsequent job satisfaction and organizational commitment. Information about relationships among trust, respect, empowering work structures, and organizational commitment will assist hospital administrators and nursing management in learning about ways to retain nurses.

### *Organization of Literature*

The literature review includes studies related to empowering work structures, job satisfaction, and organizational commitment and is divided into three sections:

1. Theoretical framework: Kanter's Theory of Organizational Empowerment.
2. Knowledge and perceptions of empowering work structures/conditions.
3. Factors impacting job satisfaction and/or organizational commitment.

### *Theoretical Framework*

Employees of organizations in which a perceived lack of trust and respect exists between management and staff become distrustful of the organization. Consequently, perceived lack of trust and respect leads to decreased job satisfaction and commitment to the organizational goals and activities. The purpose of a study conducted by Laschinger and Finegan (2005 b) was to test Kanter's Theory of Organizational Empowerment linking nurses' empowerment to organizational justice, respect, and trust in nursing management and subsequent job satisfaction and organizational commitment. The Theory of Organizational Empowerment proposed by Kanter (1993) is a framework for putting meaningful work structures in place for professional nurses. Kanter presents a strong argument that situational aspects of the work environment influence nurse attitudes and behaviors more than personal predispositions. The theory identifies six power tools that help employees accomplish work meaningfully: information, support, resources, opportunities to learn and grow, formal power, and informal power. Employees can gain power tools from formal and informal systems within the organization. Formal systems are roles that are central for efficient business operation and are typically highly visible. Informal systems are the positive relationships with superiors, peers, and subordinates leading to effective alliances. To more accurately find relationships among the concepts of trust, respect, organizational justice, job satisfaction and organizational commitment, Laschinger and Finegan (2005 b) adapted Kanter's framework based on empirical findings from the literature. According to the Theory of Organizational Empowerment, employees having access to power tools are more motivated at work and report greater job satisfaction and commitment to the organization

than employees not having access to power tools. The authors proposed that structural empowerment would directly predict trust in management and perceptions of justice and that trust in management would predict job satisfaction. In turn, the authors believed that job satisfaction would predict organizational commitment.

A random sample of 490 staff nurses working in medical-surgical and intensive care units in urban teaching hospitals in Ontario were used to test the proposed model. Questionnaires were mailed to each nurse's home; 289 were returned, of which only 273 cases could be used. Sixteen questionnaires were discarded because of missing data. The final sample of nurses represented nearly all areas of Ontario. The majority of the nurses worked full-time (59.7%), while 40.3% worked part-time. Seventy percent of the sample worked in medical-surgical units while 30% of the sample worked in critical care areas. Sixty-three percent of the nurses were diploma prepared and 37% had baccalaureate degrees. The sample averaged 33 years of age, 9 years experience in nursing, and 2 years experience on the current unit (Laschinger & Finegan, 2005 b).

Laschinger and Finegan (2005 b) used five instruments to measure study variables. The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II), an 18-item Likert-type scale, measured nurses' perceptions of access to empowerment structures. A total empowerment score was obtained by adding the subscale scores (score range: 6-30) with higher levels of empowerment represented by higher scores. The authors included a 2-item global empowerment scale for validation purposes. Previous studies revealed Cronbach's alpha reliabilities from 0.79-0.82. Laschinger and Finegan used Moorman's (1991) Justice Scale to measure interactional justice using a nine item scale. Previous studies found the scale to have internal consistency reliability of 0.81-



0.91. To measure respect, the authors used Siegrist's (1996) three item Esteem Scale measuring nurses' perceptions of respect from management and peers. A 7-point Likert-type scale is used to predict positive mental and physical health outcomes and satisfaction with control in the work environment. Cronbach's alpha reliability in previous studies has been acceptable (0.76). Mishra's (1996) 17-item Trust in Management Scale, using a 7-point scale, was used to measure reliability, openness/honesty, competence, and concern. Mishra found that trust in management can predict both job satisfaction and organizational commitment, giving evidence of predictive validity, and Cronbach's alpha reliability estimates were acceptable ( $>0.70$ ). Williams and Cooper's (1998) Pressure Management Indicator Subscales were used to measure job satisfaction and organizational commitment. Williams and Cooper found that the job satisfaction subscale can predict organizational commitment, positive organizational climate, and degree of control in the workplace and has acceptable internal consistency reliability ( $r=0.89$ ). The organizational commitment subscale has demonstrated internal consistency reliability ( $r=0.84-0.88$ ) and relates to job satisfaction, positive interpersonal relationships at work, and reasonable workloads.

Laschinger and Finegan (2005 b) found that nurses perceived work environments to be only somewhat empowering, with scores on subscales averaging below three on the 5-point rating scale. Nurses reported the most empowering structures in the workplace were access to opportunities for challenging work and positive informal alliances. The least empowering aspect was formal power, defined as the flexibility in how work is completed. Nurses did not perceive the respect thought should be deserved and did not report high levels of trust in management. This was reflected in responses that rated

management lowest on honesty and demonstration of concern for employees. In addition, nurses in this study reported only moderate degrees of job satisfaction and organizational commitment.

Laschinger and Finegan (2005 b) tested the original theoretical model and found the results demonstrated a poor fit with the hypothesized model. However, examination of the parameter estimates and t-values did support the basic relationships in the original model. Every pathway was significant and in the predicted direction. Modification indices showed that the model's fit would significantly improve if direct pathways were added from structural empowerment to respect, job satisfaction, and commitment, and from justice to trust. The model was modified and retested, demonstrating a better fit with the hypothesized model. Using the new model for the study, the researchers found that structural empowerment had a direct, positive effect on interactional justice ( $\beta=0.42$ ), which had a direct effect on perceived respect ( $\beta=0.49$ ) and organizational trust ( $\beta=0.27$ ). Empowerment had a direct effect ( $\beta=0.25$ ) and an indirect effect ( $\beta=0.17$ ) through justice and respect on trust in management. Respect had a direct effect on organizational trust ( $\beta=0.13$ ), which had a direct effect on job satisfaction ( $\beta=0.16$ ). Job satisfaction had a strong direct effect on organizational commitment ( $\beta=0.54$ ). Structural empowerment had significant direct effects on respect ( $\beta=0.24$ ), trust ( $\beta=0.25$ ), job satisfaction ( $\beta=0.52$ ), and organizational commitment ( $\beta=0.18$ ). Results suggest that structural empowerment affects organizational outcomes both directly and indirectly through different pathways. The total effect of empowerment on organizational commitment was strong ( $\beta=0.50$ ),

suggesting that much of empowerment's effect was through mediating pathways. The new model accounted for 44% of the data variance.

Laschinger and Finegan (2005 b) concluded that staff nurse empowerment impacts perceptions of management practices, respect in the work environment, trust in management, and ultimately influences job satisfaction and organizational commitment. In addition, nurses perceived structurally empowering conditions in the workplace as associated with management concern for well-being in relation to organizational decisions. Nurses reported receiving the respect deserved, which increased trust in management, at least to the extent that managers were believed to be reliable, competent, and compassionate. Structurally empowering conditions resulted in increased job satisfaction, greater belief in organizational goals and values, more effort exerted at work, and lower turnover intentions. The results of this study show relationships among empowering work structures, job satisfaction, and organizational commitment; and the results suggest that creating empowering work conditions can foster positive working relations in an environment of trust and respect, which will help attract and retain a sustainable nursing workforce. Finding guide hospital administrators and nurse managers in creating empowering work conditions that will foster positive working relationships.

Other studies have explored the concept of trust in the workplace because many healthcare organizations are reorganizing to be more efficient and effective (Laschinger, Finegan, & Shamian, 2001; Laschinger, Shamian, & Thomson, 2001). Changes have resulted in employees wary about organization futures and nurses' roles within the organizations. Decreasing levels of trust in the workplace have serious implications for organizational performance and, more importantly, can potentially threaten patient care

quality (Laschinger, Finegan, & Shamian, 2001). The purpose of Laschinger, Finegan, and Shamian's (2001) non-experimental predictive study was to test a model linking staff nurses' empowerment to organizational trust, job satisfaction, and organizational commitment. The authors used Kanter's Theory of Organizational Empowerment as a framework to further describe the concepts of organizational trust, nursing work satisfaction, and organizational commitment in this study. Organizational trust is defined as "employee faith in organizational leaders and the belief that an employer will be straightforward, follow through on commitments, [and that] organizational actions will prove beneficial for employees" (Laschinger, Finegan, & Shamian, p. 8). The authors defined nursing work satisfaction as the result of demographics such as age, education, years and type of experience, and locus of control and organizational variables such as communication with management, commitment, stress, autonomy, recognition, maintenance of routines, peer communication, fairness, and professionalism. Previous studies have shown a stronger relationship between organizational variables and work satisfaction. Organizational commitment is the connection or attachment employees have toward the organization in which they work. According to the authors, three types of commitment exist: affective (identification with, emotional attachment to, and involvement in an organization), continuance (benefits of staying outweigh the costs of leaving an organization), and normative (a sense of obligation to stay at an organization).

For Laschinger, Finegan, and Shamian's (2001) study, a random sample of 300 male and 300 female nurses who worked in urban tertiary care hospitals was selected from the College of Nurses of Ontario registry list. The authors chose an equivalent male sample size to determine if the models differed by gender, which was part of a larger

study. Two sets of questionnaires were sent to the nurses' homes; and a total of 412 (73%) completed questionnaires were returned, 195 (70.1%) male and 217 (75.6%) female. Respondents were from all parts of Ontario. The majority worked in central Ontario (73%). Nurses worked full (58%) or part time (42%) in medical-surgical (36%), critical care (34%), maternal-child (9%), and psychiatric (21%) areas. The majority of the nurses were diploma prepared (85%), and 15% baccalaureate prepared. The average age was 40, with an average of 16 years nursing experience, and 8 years in the current organization.

Laschinger, Finegan, and Shamian (2001) used five self-report scales to measure the variables. The Conditions for Work Effectiveness Questionnaire (CWEQ-II) was used to measure perceptions of access to the four work empowerment structures described by Kanter: opportunity, information, support, and resources. Each empowerment structure was measured on a subscale and mean scores for each subscale were obtained by adding and averaging items. Possible scores were from 1-5 with high scores demonstrating higher perceived access to information, resources, support, and/or opportunity. Overall empowerment scores were obtained by adding the means of the four subscales with a possible range of 4-20. Higher scores indicated greater perceived empowerment in the workplace. In previous nursing studies, each subscale internal consistency reliability had been established ranging from  $\alpha=0.73-0.91$  for opportunity,  $\alpha=0.73-0.98$  for information,  $\alpha=0.73-0.92$  for support, and  $\alpha=0.66-0.91$  for resources. The authors used The Job Activities Scale (JAS), a 12 item instrument, to measure nurses' perceptions of formal power (job flexibility, visibility, discretion, and recognition) within the workplace environment. Items were

added and averaged to yield a mean score from 1-5. According to the authors, a panel of experts have established face and content validity of the JAS; internal consistency reliability has been established previously using Cronbach's alpha coefficients ( $\alpha=0.69-0.79$ ). The Organizational Relationships Scale (ORS), an 18 item instrument, measured staff nurses' perceptions of informal power in the workplace, including sponsor support, peer networking, political alliances, and subordinate relationships. Items were added and averaged to obtain a mean score ranging from 1-5. Content validity was established previously with a convenience sample of registered nurses through pilot testing. Reliability coefficients of  $\alpha=0.83-0.89$  were reported in previous studies. The authors used the Interpersonal Trust at Work Scale, a 12 item instrument consisting of four subscales, to measure faith in intentions of and confidence in actions of peers and managers. Items were averaged to obtain scores from 1 to 5 for each subscale. Previous studies have reported reliability coefficients of  $\alpha=0.70-0.85$ . Affective and continuance organizational commitment were measured using two subscales from the Organizational Commitment Questionnaire (OCQ). Each subscale had six Likert items with scores ranging from 1(low commitment) to 7(high commitment). Acceptable internal consistency reliability has been reported across studies ( $r=0.82-0.93$ ). A demographic questionnaire was used to obtain information regarding age, gender, years nursing experience, years on current unit, specialty area, educational level, and work status.

Laschinger, Finegan, and Shamian (2001) found that nurses perceived workplaces to be only moderately empowering ( $M=11.04$ ,  $SD=2.23$ ) and that overall global empowerment was moderate ( $M=3.02$ ,  $SD=0.95$ ), as well. In fact, all the CWEQ-II

scores averaged around the mid-point with the most empowering factor found to be opportunity ( $M=2.98$ ,  $SD=0.66$ ). Perceived access to information ( $M=2.67$ ,  $SD=0.74$ ), resources ( $M=2.7$ ,  $SD=0.61$ ), and support ( $M=2.68$ ,  $SD=0.72$ ) were slightly lower. The nurses in this study did not perceive their jobs to have a high level of formal power ( $M=2.39$ ,  $SD=0.50$ ), however, reported a moderate level of informal power ( $M=3.59$ ,  $SD=0.64$ ). Interestingly, nurses reported more trust ( $M=3.79$ ,  $SD=0.73$ ) and confidence ( $M=3.77$ ,  $SD=0.89$ ) in peers than in management (trust:  $M=2.66$ ,  $SD=0.89$  and confidence:  $M=2.59$ ,  $SD=0.90$ ). The study's results revealed that nurses in the sample were not very satisfied with their jobs ( $M=2.78$ ,  $SD=0.90$ ) with 60% of scores falling below 3.0 on job satisfaction. However, nurse continuance commitment ( $M=4.38$ ,  $SD=1.25$ ) was higher than affective commitment ( $M=3.77$ ,  $SD=1.16$ ).

In this study, structural equation modeling (SEM) was used to test two models showing causal links described in Kanter's theory among employee empowerment, organizational trust, perceptions of work satisfaction, and organizational commitment (Laschinger, Finegan, and Shamian, 2001). The first proposed model showed power, formal and informal, and perceived access to empowerment structures as indicators of overall empowerment with used job satisfaction as the outcome variable. Analysis covariance demonstrated reasonably good fit and revealed that access to empowerment structures was the strongest link in the model. As hypothesized, empowerment had direct ( $\beta=0.46$ ) and indirect (0.141) effects on job satisfaction. The indirect effect was influenced by trust in management. Explained variance in the final model was 40%. The second model used affective organizational commitment as the outcome variable, and the data fit the proposed model reasonably well. The amount of variance accounted for was

28%. Again, as predicted, empowerment had a direct effect (0.31) on affective commitment and an indirect effect (0.16) on affective commitment through trust in management. Also, the authors found that empowerment was strongly associated with trust ( $\beta=0.51$ ), and trust was significantly and negatively associated with continuance commitment ( $\beta=-0.18$ ). Results suggest that continuance commitment is almost totally mediated by trust in management. The authors examined intercorrelations further to better understand how certain aspects of empowerment related to the major study variables and found that all correlations between empowerment variables and trust in management, satisfaction, and affective commitment were significant. Correlations between continuance commitment and empowerment and affective and continuance commitment were not significantly related to each other.

Laschinger, Finegan, and Shamian (2001) concluded that staff nurse empowerment impacts trust in management and, ultimately, influences job satisfaction and affective commitment. This conclusion is consistent with Kanter's theory, which states that empowerment structures impact employees. Therefore, nurse management and staff nurses must be willing to work together to create an environment of mutual trust that encourages job satisfaction and commitment to organizational goals.

Empowering work structures are not only necessary for job satisfaction and organizational commitment, but also for increased work engagement and positive health outcomes for staff nurses. Laschinger and Finegan (2005 a) described current staff nurse working conditions as "fewer nurses caring for sicker patients resulting in increased workloads and considerable stress" (p. 439). Working conditions such as these threaten work engagement, physical health, and psychological well-being of staff nurses.



Therefore, the authors conducted a study to test a model derived from Kanter's Theory of Organizational Empowerment linking empowering work structures to six areas of work life thought to be precursors of work engagement and physical and mental health outcomes. The six areas of work life are control (of the workload), value congruence (similar organizational and personal values), reward (for good work or accomplishments), community (sense of belonging), fairness (when perceiving management practices), and work load (work the organization expects the nurse to complete).

Five hundred nurses working in urban teaching hospitals across Ontario were randomly selected from the College of Nurses of Ontario registry list. Questionnaires were sent to the nurses' homes, and to be considered useable, the questionnaire had to be filled out entirely. The final sample was 285 (57% return rate) with nurses from most areas of Ontario responding. The majority of respondents were women (95.6%) with a diploma (60.8%) working on medical-surgical units (68.8%). The average age was 33 with almost 9 years of nursing experience and 2.2 years in the current workplace (Laschinger & Finegan, 2005 a).

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) was used and previously described. Respondents rated items on 5-point Likert scales with higher numbers representing greater levels of empowerment and vice versa. A total empowerment score was obtained by adding scores on the six subscales of the CWEQ-II (range=6-30). Researchers added a two-item global empowerment scale for validation purposes. To measure the six areas of work life, several scales were used. For measurement of control and value congruence, researchers used the Autonomy and Meaning subscales from the Psychological Empowerment Scale, both of which had three

items rated on 5-point Likert scales. Internal consistency reliability for these scales was  $\alpha=0.62-0.72$ . Laschinger and Finegan measured workload using the Work Overload Scale, containing five items with reliability of  $\alpha > 0.70$ . The Mishra (1996) 17-item Trust in Management Scale measured fairness and has shown acceptable reliability of  $\alpha > 0.70$ . To measure reward and community, the researchers created subscales from the Sources of Pressure subscale of Williams and Cooper's Pressure Management Indicator (Williams & Cooper, 1998). The Reward subscale had four items, and the Community subscale had five items. Each item required that nurses respond by agreeing or disagreeing. Cronbach's  $\alpha$  was 0.75 for the reward subscale and 0.80 for the community subscale. Laschinger and Finegan measured burnout and engagement using the Emotional Exhaustion subscale of the Maslach Burnout Inventory, General Survey (Maslach, Jackson, & Leiter, 1996). The subscale consisted of nine items that measured feelings of being emotionally exhausted due to work. Seven point Likert scales were used and Cronbach's  $\alpha$  reliability ranged from  $\alpha=0.71-0.91$ . Lastly, three subscales from the Pressure Management Indicator measured health outcomes. The Energy level subscale measured fatigue, difficulty sleeping, and difficulty getting up in the morning over the past three months. High scores represented high energy levels. The Physical Symptoms subscale measured shortness of breath, muscle trembling, and twinges over the past three months with a high score representing poor physical health. Cronbach's  $\alpha$  reliability for the Energy and Physical Symptom scales is acceptable at  $>0.70$ . The Depressive State of Mind Pressure Management Indicator subscale measured anxiety and/or depressive symptoms using five Likert-type items, with high scores

representing a more depressive state. Internal consistency reliability ranged from  $\alpha=0.82-0.85$  (Laschinger & Finegan, 2005 a).

Results of the (Laschinger & Finegan, 2005 a) study indicate only somewhat empowering work environments with the greatest degree of mismatch in the work life areas of workload, reward, and community. Nurses were most positive about the level of control over work and the fit between personal and organizational values. Nurses reported moderate levels of burnout, although 44.7% of the responses were in the high burnout category ( $\text{mean} > 3$ ). The nurses reported moderate energy levels, few physical symptoms, and moderate levels of depressive symptoms. More specifically, structural empowerment had a direct, positive effect on five areas of work life (control,  $\beta=0.31$ ; value congruence,  $\beta=0.06$ ; reward,  $\beta=0.49$ ; community,  $\beta=0.25$ ; and fairness,  $\beta=0.42$ ); although, the empowerment  $\rightarrow$  value congruence pathway did not show a significant relationship. The majority of the work life variables significantly predicted emotional exhaustion (workload,  $\beta=0.39$ ; reward,  $\beta=-0.30$ ; value congruence,  $\beta=-0.15$ ; community,  $\beta=-0.13$ ; and fairness,  $\beta=-0.10$ ). The control  $\rightarrow$  emotional exhaustion pathway was the only exception with  $\beta=-0.06$ . Some interrelationships among the work life variables were revealed. For example, control had a direct effect on value congruence ( $\beta=0.38$ ); reward had a direct effect on community ( $\beta=0.37$ ). When evaluating the effect of emotional exhaustion, the authors found that the emotional exhaustion  $\rightarrow$  depressive symptoms pathway was strong with  $\beta=0.64$ . The final model was found to be a good fit and explained 41% of the variance in individual scores regarding emotional exhaustion and depressive symptoms. The physical symptom health model overlapped the final model revealing a good fit and explained 21% of the variance

in individual scores regarding emotional exhaustion and physical symptoms. The emotional exhaustion→physical symptoms pathway was significant ( $\beta=0.46$ ).

Similarly, the energy health model revealed good fit explaining 45% of the variance in individual scores and a strong significant pathway between emotional exhaustion and energy level ( $\beta=-0.67$ ).

Laschinger, Finegan (2005 a) concluded that this study supported the hypothesis that empowerment impacts the six areas of work life thought to be precursors to work engagement. In fact, the nurses in this study felt that workplace empowerment resulted in more manageable workloads, more control of the work, more rewards/recognition for contributions, fairer decisions and procedures, better relationships with peers and management, and more congruence between personal and organizational values. This study provides further support for Kanter's theory and more insight into the effect of empowering work conditions on nurses' health. Creation and maintenance of empowering work conditions is important for work engagement and optimal physical and mental health.

Workplace empowerment impacts work engagement, health, job satisfaction, organizational commitment, and, not surprisingly, the intention to stay at a current organization, according to Nedd (2006). Employee turnover is costly and worrisome for healthcare organizations since a current nurse shortage exists and is expected to worsen over the next decade. With the future in mind, healthcare administrators and nursing management have the key role of strategizing and formulating plans to retain nurses. The starting point, however, is to find out reasons employees stay with organizations so that effective retention strategies can be developed. The purpose of Nedd's (2006) study was

to determine the relationship between nurse empowerment and intent to stay in an organization. Nedd used Kanter's Theory of Organizational Empowerment, described earlier, as the framework for the study.

A random sample of 500 registered nurses was selected from the population of registered nurses in Florida. Questionnaires were sent to the nurses and 206 (41%) returned useable surveys. Demographic data collected included age, gender, education, years nursing experience, and number of years at current job. Ninety-three percent of the respondents were female and ages ranged from 23-68 with a mean age of nearly 47 (SD=10.45). The mean years experience was 20 (SD=11.60) with a mean of nearly 8 years (SD=7.99) in the current position. The nurses represented the following areas: critical care, medical-surgical, oncology, cardiology, and gastroenterology (Nedd, 2006).

Nedd (2006) used four self-report scales and a demographic questionnaire. The Job Activities Scale (JAS) is a nine-item instrument measuring perceptions of formal power in the work environment and has a reliability coefficient of  $\alpha=0.81$ . The Organizational Relationships Scale (ORS) is an 18-item instrument measuring informal power in the workplace and has reported internal consistency reliability of  $\alpha=0.92$ . The Conditions for Work Effectiveness Questionnaire (CWEQ) is a 31-item instrument measuring perceived access to the four empowerment structures (opportunity, information, support, and resources) and has reported reliability of  $\alpha=0.96$ . Nedd measured intent to stay with four items developed by Kim, Price, Mueller, and Watson (1996) that has internal consistency reliability reported to be  $\alpha=0.86$ .

Results of Nedd's (2006) study indicated that nurses feel only moderately empowered at their jobs, suggesting that more access to opportunity, information,

resources, and support is needed. The nurses in this study, however, reported higher levels of overall empowerment ( $M=12.95$   $SD=3.14$ ) when compared to nurses in previous studies ( $M=12.10-12.25$ ). Further, the nurses in this study reported greatest access to opportunity ( $M=3.44$ ) followed by support (3.17), information (3.22), and resources (3.10). Since opportunity is described as the development of skills and knowledge to better handle workload and advance in the organization, this result comes as no surprise. Nedd noted no statistically significant relationships between intent to stay and the demographic variables of age, gender, years worked in nursing, years in current job, and education level.

Results indicated that all empowerment structures were significantly related to intent to stay and that individual nurse characteristics were not significantly related to intent to stay. Results supported Kanter's theoretical expectation that work behavior and attitudes are related to perceived access to workplace empowerment, not to personal characteristics. Therefore, Nedd (2006) concluded that putting empowering structures in place will have a direct effect on nurses' intent to stay within an organization.

#### *Knowledge and Perceptions of Empowering Work Structures/Conditions*

Magnet hospitals are conceptualized as having empowering work structures in place. Empowering work structures include opportunities for participation in institutional decision-making, education for advancement and specialized training, and allowances for greater professional autonomy and control. In light of many healthcare organizations restructuring in pursuit of providing efficient, quality care, Laschinger, Shamian, and Thomson (2001) were interested in determining the role of perceived organizational trust among other factors that influence nurse and patient outcomes within magnet

organizations. Laschinger, Shamian, and Thomson's (2001) study tested a model that proposed nurses who perceived a high degree of autonomy, control over the practice environment, and strong nurse/physician relationships would have high levels of trust in management and low levels of burn-out. Trust in management and low burn-out levels would result in job satisfaction and higher levels of patient care delivery.

Laschinger, Shamian, and Thomson (2001) used a sample of 3,016 staff nurses chosen randomly from the sample of a larger study that examined relationships among hospital environment characteristics, nurse staffing, and nurse/patient outcomes. The nurses completed additional items related to organizational trust for this study. The nurses worked in urban teaching hospitals (17.5%), community hospitals (13.2%), and smaller rural hospitals (69.3%). Average age was 44.1 with 19.2 years nursing experience. Eighty-three percent of the nurses were diploma-prepared.

Instrumentation included the Nursing Work Index (NWI), which measured organizational attributes of the work setting, and was comprised of three Likert-type subscales: nurse autonomy ( $\alpha=0.75-0.78$ ), nurse control over the practice setting ( $\alpha=0.79$ ), and nurse-physician relationships ( $\alpha=0.73-0.76$ ). An overall NWI score was reached by adding the subscale scores. Cronbach's alpha reliability for the entire NWI has been reported as 0.96. To measure faith in the intentions of and confidence in actions of peers and managers, the authors used the Interpersonal Trust at Work Scale, a 12-item instrument with four subscales consisting of 5-point Likert-type items. Reliability has been reported to be 0.70-0.85. The Human Services Survey (HSS) measured burnout and consisted of 22 self-descriptive statements measuring emotional exhaustion, depersonalization, and decreased personal accomplishments. Alpha

reliabilities ranged from 0.71-0.91. The authors measured job satisfaction with a one-item scale asking respondents to rate satisfaction with current job on a 4-point Likert scale from one (very dissatisfied) to four (very satisfied). The researchers measured nurse assessed quality of care on the unit in general, on the last shift worked, and the likelihood of respondents recommending their hospitals to family members. Quality also was measured by responding to the item “In general, how would you describe the quality of care delivered to patients on our unit?” (p. 214) on a scale from 1 (poor) to 4 (excellent). The alpha reliability was 0.73 (Laschinger, Shamian, & Thomson, 2001).

Laschinger, Shamian, and Thomson (2001) found that nurses perceived work environments provided moderate levels of autonomy, control over practice, and nurse-physician relationships, findings similar to those in earlier studies in non-magnet hospitals. Nurses rated burnout, trust in management, job satisfaction, and nurse-assessed patient care quality within the moderate category. The final model showed that nursing work environment affected job satisfaction indirectly in two ways, through emotional exhaustion and through trust in management. Higher levels of control, autonomy, and collaboration were directly associated with higher levels of trust in management (0.56) which in turn was associated with higher perceptions of patient care quality (0.34). Secondly, positive work environment characteristics were associated with lower burnout levels (-0.62), which were associated with higher perceived patient care quality (-0.42). The total indirect effect was 0.459. All paths were statistically significant and the amount of explained variance in the final model was 39%.

Laschinger, Shamian, and Thomson (2001) concluded that the findings of this study support the proposition that autonomy, control over the work environment, and



collaboration with physicians impact staff nurses' trust in management, which ultimately influences job satisfaction and nurse assessment of patient care quality. Trust in management and emotional exhaustion appear to be important mediators of job satisfaction and perceptions of patient care quality. This study provides further support for efforts to create environments that foster mutual trust and low burnout, which ultimately impacts the quality of nurses' work life and patient care.

Although research studies have established a strong relationship between empowering structures in the workplace and job satisfaction and organizational commitment, further research is needed to answer questions Kuokkanen, Leino-Kilpi, and Katajisto (2003) proposed: (a) "What factors are perceived by nurses to promote or prevent empowerment?" (b) "How do nurses assess performance once empowering structures are put in place?" and (c) "What background variables are most significant for nurse empowerment?" (p. 185). The purpose of Kuokkanen et al.'s study was to answer the previous research questions and to consider variables significant to full realization of nurse empowerment. Previous research has identified five qualities of an empowered nurse: (a) moral principles (demonstrating ethical responsibility, respect, honesty, and fairness), (b) personal integrity (acting appropriately under pressure, resourceful, flexible, and courageous), (c) expertise (competent, autonomous, and maintaining personal responsibility), (d) future orientation (innovative, forward-thinking, and promoter of new ideas), and (e) sociability (socially responsible, open-minded, and respected by others). The five categories were adapted and used as the conceptual framework for the questionnaire in the study.

Kuokkanen et al. (2003) randomly selected nurses from employer registries of a university hospital, 7 community hospitals, and 25 public health centers across southern Finland. The sample consisted of 200 critical care nurses from a university hospital, 200 long-term care nurses from community hospitals, and 200 public health nurses from public health centers. The questionnaire was mailed to the nurses with a response rate of 69% (76% for long-term care, 61% for critical care, and 72% for public health); a total of 416 completed questionnaires.

Kuokkanen et al. (2003) measured nurse empowerment using a 19-item Qualities of Empowered Nurse (QEN) Scale ( $\alpha=0.88$ ), a 19-item Performance of an Empowered Nurse (PEN) Scale ( $\alpha=0.87$ ), an 18-item Work Empowerment Promoting (WEP) Factors Scale ( $\alpha=0.92$ ), and an 18-item Work Empowerment Impeding (WEI) Factors Scale ( $\alpha=0.93$ ), all of which employed 5-point Likert scales. In addition, a demographic survey was used to gather data on gender, age, education, years nursing experience, and years at current job; and further background data provided information on job satisfaction, further professional training (certifications, specializations), and willingness to change jobs or leave the nursing profession.

The nurses in this study compared their own empowerment fairly positively to the ideal. The QEN scale yielded a mean of 3.4-4.5 (range 1-5; 1=least empowered, 5=most empowered) for the 5 categories, while the PEN scale yielded a slightly lower mean of 3.0-4.0. The WEP scale mean was 3.0-3.9, and the WEI scale mean was 2.1-3.0 for the 5 categories. All groups of nurses perceived that empowerment-promoting factors occurred least frequently in the future-orientation category (opportunities for advancement, continuity of work, and access to information). Interestingly, when posed

the question, “Do you consider yourself an empowered nurse?”, 51% of the nurses answered “yes”, 33% were undecided, and 15% answered “no”. Chi-square test of independence revealed a relationship between the level of professional activity and the QEN and PEN variables. In other words, the nurses that answered “yes” when asked whether or not he/she was an empowered nurse demonstrated higher levels of activity ( $p=0.042$ ) and commitment ( $p<0.001$ ) than those who answered “no”. In addition, age, professional group, and exhaustion were related to level of commitment. Older nurses (age=51-60) and those with >25 years working history were more committed to the profession than younger nurses ( $p<0.001$ ). Public health nurses reported more commitment than long-term care nurses ( $p=0.001$ ) and critical care nurses ( $p=0.01$ ). Nurses reporting exhaustion ( $p<0.001$ ) and nurses with absences totaling >10 days ( $p<0.001$ ) were less committed than nurses who did not report work-related exhaustion and who had few or no absences at work (Kuokkanen et al., 2003).

Kuokkanen et al. (2003) found that job satisfaction, job commitment, and level of professional activity are related to nurse empowerment. Empowerment has a significant positive effect on affective commitment and trust in management, and organizational commitment is significantly related to job satisfaction. Professional activity (further education, career consciousness, and organizational activities) correlated positively with all empowerment subscales. Unfortunately, the number of nurses who had considered leaving the nursing profession or changing jobs was quite high, and younger nurses’ dissatisfaction was particularly distinct. Therefore, Kuokkanen et al. concluded that even though nurses report feeling fairly empowered, the tendency toward job and/or career

change remain strong, so organizations must make efforts to allow nurses influence and decision-making power over issues concerning the actual working environment.

Staff nurses increasingly complain that hospitals are not giving the respect that nurses deserve. However, little research regarding lack of respect in the nursing environment exists; and without understanding the nature of the problem, including the causes and consequences, nursing administrators cannot address the issue in an effective manner. Laschinger (2004), therefore, explored perceived respect and organizational justice as empowering work structures. Since neither empirical research nor any models exist, Laschinger used an exploratory model of antecedents and consequences of nurses' perceptions of respect within organizations. Laschinger proposed that antecedents of respect are work environment characteristics, including interactional justice and structural and global empowerment. The researcher also proposed that stress, due to perceived lack of recognition, poor interpersonal relationships, and heavy workload, negatively influences perceptions of respect in the workplace. Expected consequences of respect include organizational attitudes like job satisfaction, trust in management, and intent to stay; expected consequences of disrespect include burnout and depressive state of mind. Laschinger further proposed that perceptions of work effectiveness, like nursing care quality, staffing adequacy, and organizational effectiveness, are outcomes of feelings of respect.

Laschinger (2004) randomly chose 500 nurses from the College of Nurses of Ontario registry list working in urban teaching hospitals across Ontario. The nurses in the sample received questionnaires by mail with only 285 returned usable (52% response rate). Nurses were either full (59.7%) or part (40.3%) time in medical-surgical (68.2%),

critical care (29.9%), and maternal-child (0.9%) areas. Baccalaureate degrees were held by 37% of the sample while 61.1% were diploma-prepared. The average age was 33 years with an average of 8.7 years nursing experience and 2.2 years at the current workplace.

Laschinger (2004) used the Conditions of Work Effectiveness-II (CWEQ-II) questionnaire, described previously, to measure nurses' perceptions of access to six elements of structural empowerment: access to opportunity, information, support, resources, formal and informal power. Higher scores represented higher levels of empowerment. Cronbach's alpha reliabilities in previous studies were from 0.72-0.82. To measure job stress-related antecedents of respect, such as lack of recognition, interpersonal relation difficulties, and level of work overload, Laschinger used the Sources of Pressure subscales from Williams and Cooper's Pressure Management Indicator (PMI). Respondents rated items on a 6-point Likert scale (1=low work-related stress, 6=high work-related stress). Previous studies have shown Cronbach's alpha reliabilities to be 0.84-0.88. The PMI Siegrist Esteem Scale measured perceptions of respect received from managers and peers using three items (alpha reliability of 0.76). Higher scores represented higher levels of perceived respect. The 4-item PMI Job Satisfaction subscale measured employee satisfaction in terms of the work involved, such as tasks and functions, and the level to which work improved quality of life (alpha reliability of 0.89). Higher scores represented higher levels of employee satisfaction. Laschinger used the Emotional Exhaustion subscale of the Maslach Burnout Inventory and the Depressive State of Mind subscale from the PMI to measure mental health outcomes. The Emotional Exhaustion subscale has nine items rating feelings of being

emotionally exhausted by work on 7-point Likert-type scales (1=lower emotional exhaustion, 7=higher emotional exhaustion). Previous studies have reported Cronbach's alpha reliabilities of 0.71-0.91. The Depressive State of Mind subscale is an instrument measuring anxiety and/or depression with higher scores representing higher levels of anxiety and/or depression and has internal consistency reliabilities reported to be 0.82-0.85 across diverse populations.

To measure trust in management, which involves employee perceptions of management's reliability, honesty, competence, and concern, Laschinger (2004) used the Mishra 17-item Trust in Management Scale. Higher scores indicated increased trust in management. Internal consistency reliability of Mishra's scale has been acceptable in previous studies at  $>0.70$ .

To measure intent to leave, Laschinger (2004) used one item taken from the Aiken and Patrician's Nursing Work Index-Revised (NWI-R) instrument. Higher scores indicated increased probability of leaving current workplace. Reliability is not stated for this item.

To measure perceptions of unit effectiveness, Laschinger (2004) used the Work Unit Effectiveness Scale, with higher scores representing higher perceived unit effectiveness. Alpha reliabilities have been reported to be  $>0.70$  across studies. Respondents reported perceptions of organizational effectiveness in providing high quality care using one item derived from Aiken and Patrician's NWI-R and reported perceptions of adequate staffing using a researcher-developed item. Higher scores indicated higher perceptions of organizational effectiveness in providing high quality care and higher perceptions of adequate staffing. Reliability was not reported for either item.

The nurses in Laschinger's (2004) study had remarkably little agreement that factors relating to interpersonal justice and respect were present in the workplace. In fact, less than 50% of the nurses agreed on nearly all items on these scales with the exception of perceived respect from peers and colleagues (66%). Nurses did not believe that managers shared information about coming changes or that they demonstrated compassion for nurses' responses to the changes. Additionally, the nurses in this study believed that management rarely provided explanations or justifications for changes and showed little concern for the nurses' work lives. In fact, over half of the respondents did not perceive that managers demonstrated concern, sensitivity, or truthfulness about all areas of work life.

In testing the model, Laschinger (2004) found that interactional justice was most strongly related to perceptions of respect ( $r=0.72$ ); structural empowerment ( $r=0.47$ ) and global empowerment ( $r=0.47$ ) also were significantly related to respect. Additionally, Laschinger found that all aspects of empowerment were significantly related to nurses' perceptions of respect. Having effective alliances at all levels of the organization ( $r=0.44$ ) and having access to support ( $r=0.38$ ) and resources ( $r=0.34$ ) were the strongest correlations with perceptions of respect. Conversely, lack of recognition ( $r=-0.38$ ), poor interpersonal working relationships ( $r=-0.58$ ), and heavy workload ( $r=-0.24$ ) were significantly related to respect, as well. Consequences of respect were improved organizational attitudes, mental health, and feelings of effectiveness. The strongest relationships between attitudes and respect were with job satisfaction ( $r=0.52$ ) and trust in management ( $r=0.42$ ). Of note, though, are the relationships found between respect and nurses' intentions to leave within the next 12 months ( $r=-0.24$ ), emotional exhaustion ( $r=-$

0.35), and depressive state of mind ( $r=-0.21$ ). Finally, perceived unit effectiveness ( $r=0.29$ ), perceived adequacy of staffing ( $r=0.30$ ), and perceptions of nursing care quality ( $r=0.27$ ) were all significantly related to respect .

Laschinger (2004) concluded that empowering organizational environments are prerequisites for nurses to perceive respect in the workplace. Empowering organizational environments include constructive relationships, access to empowering work structures, strong alliances at all levels of the organization, and low levels of stress. Creating an environment of respect is likely to result in the retention of committed, satisfied nursing staff, which may result in better patient outcomes.

*Factors Impacting Job Satisfaction, Occupational Commitment, and Organizational Commitment*

The average age of nurses in the United States is 45 years and anticipated to be 50 by 2010, which makes the RN work force the oldest occupational group. An aging work force combined with an educational system that cannot keep up with the number of nurses retiring, increased demands for healthcare in an aging society, improved healthcare knowledge and technology that requires maintaining competence, and nurses leaving the career path due to increasing dissatisfaction with nursing have created a nursing shortage that is estimated to be around 400,000 nurses less than needed in about 20 years. Therefore, the identification of factors involved in job satisfaction and organizational commitment is extremely important, as well as evaluating the extent to which organizational commitment and satisfaction predict acute care nurses' intentions regarding current position and career path (Lynn & Redman, 2005). The descriptive, quantitative study by Lynn and Redman was designed to fill this knowledge gap. The



framework is based on the concepts of job satisfaction, organizational commitment, and intent to leave.

The target population was staff nurses employed in acute care institutions randomly chosen from a multi-state sample to represent a diversity of nursing and demographic characteristics. A total of 3000 nurses received surveys; however, only 787 surveys were returned and considered usable, making the return rate a disappointing 26%. To be considered usable, the survey had to be completely filled out by an acute care nurse currently employed in the field of nursing (Lynn & Redman, 2005).

Lynn and Redman (2005) used six items from Price and Mueller's studies to measure professional satisfaction that focused on career choice and meaningfulness of work and has revealed internal consistency reliability of  $\alpha=0.88$  in previous studies. Job satisfaction, defined by Lynn and Redman, is the satisfaction obtained by the "interaction of people with work environment and conditions of employment" (p. 266) and was measured by the Satisfaction in Nursing Scale (SINS). The SINS is a 54-item Likert scale with four response options ranging from 1 (strongly disagree) to 4 (strongly agree). Previous studies have reported reliabilities of the SINS to be  $\alpha=0.87-0.94$ , and for this study SINS had reliability estimates of  $\alpha=0.87-0.92$ . The second part of the survey consisted of 15 items, called the Organizational Commitment Questionnaire (OCQ), which measured intent to leave current position in nursing and nursing as a career. Respondents rated intent with higher scores representing stronger intent to leave position and/or nursing. The OCQ has shown reliabilities  $>0.80$  in previous studies and had a reliability of  $\alpha=0.76$  for this study. A demographic questionnaire was included and had questions pertaining to current position (years in position and average number of

patients/day), unit (acuity and staffing adequacy), and institution (type and number of beds).

Respondents, on average, were 44 years old and of European-American descent. Most of the nurses held baccalaureate degrees and had worked in nursing all of his/her career with the average length of stay at current position being eight years. Average number of patients cared for every day was eight, and most of the nurses had seen the patient load increase in the last year. Also, on average, respondents reported inadequate staffing occurred at least once a week (Lynn & Redman, 2005).

Using stepwise multiple regression, Lynn and Redman (2005) found four variables significantly predicted intent to leave current position ( $R^2=42\%$ ): professional satisfaction, satisfaction with workload, extent to which nurses liked to work, and satisfaction with colleagues. Similarly, using intent to leave nursing as the dependent variable, Lynn and Redman found five variables to be significant predictors ( $R^2=45\%$ ): professional satisfaction, satisfaction with intrinsic rewards, nurses' financial situations, and extent to which nurses liked work.

Lynn and Redman (2005) concluded that organizational commitment predicted intention to leave current position, but not necessarily intention to leave nursing as a career. Since nurses' satisfaction with workload was significantly related to intent to leave the organization, institutions concerned about retention must focus on reducing nurses' work load, especially with increasing patient acuity and technology. Also, intention to leave nursing appears to be driven by lack of professional socialization, disinterest in working, and need for a higher salary to be the family breadwinner. In fact,

27% of the nurses in this survey reported a preference for not working at all, which suggests that close to a fourth of nurses work only for the money. This finding is significant for nursing education and service to strengthen the view of nursing as a career and raises the disturbing question, “Will future work force numbers be subject to greater attrition than forecasts suggest?” (p. 271)

To further examine occupational commitment as a predictor to leave the nursing profession, Noguerras (2006) tested the efficacy of the Three-Component Model of Occupational Commitment, which was developed by Meyer and Allen (1991) to describe the psychological link between an individual and the decision to continue in an occupation. According to the model, psychological commitment shifts from an organization or job situation to the occupation based on the emotional link to the occupation. Individuals continue to work in an occupation because of want (affective commitment), obligation (normative commitment), or need (continuance commitment). Noguerras tested eight hypotheses in order to study the model and influences of modifying variables (age, gender, level of education, and length of experience as an RN).

Noguerras (2006) obtained a convenience sample of 1,326 RNs who responded to a notice in *Nursing Spectrum* magazine or on the *Nursing Spectrum* website. Inclusion criteria for the study were that the nurses must hold a current RN license and be currently employed in a clinical setting; and to prevent duplicate entries on-line, each participant was required to use a password.

Noguerras (2006) used a battery of instruments, with the first being a demographic survey to adequately describe the sample. The demographic survey included information on age, gender, education, number of years in nursing, status of employment, and current

work setting. The Occupational Commitment 2000 Instrument, made up of 24 items, measured the three types of commitment: affective, normative, and continuance. Analysis found acceptable levels of reliability (0.70 and above). The Measure of Career Change Cognition instrument, made up of three items, measured intent to leave the nursing profession. Reliability and validity are not reported for this instrument. The items asked nurses about the consideration given to getting out of nursing entirely, exploring other career opportunities, and planning to leave the profession in the upcoming year. Items were rated on 7-point Likert scales, 1 indicating the least intent to leave the profession and 7 indicating maximum intent to leave the profession.

Nogueras (2006) examined 908 usable surveys (68% return rate) to answer eight hypotheses. Hypothesis 1: No significant relationship exists between RN affective occupational commitment and RN intent to leave the nursing profession. Correlation coefficients demonstrated a statistically significant relationship between affective occupational commitment and intent to leave the nursing profession ( $r=-0.31$ ,  $p=0.00$ ), indicating that greater affective occupational commitment was associated with less intent to leave the nursing profession. Hypothesis 2: No significant relationship exists between RN normative occupational commitment and RN intent to leave the nursing profession. Correlation coefficients between normative occupational commitment and intent to leave the nursing profession demonstrated a statistically significant relationship ( $r=-0.18$ ,  $p=0.00$ ), indicating that greater normative occupational commitment was associated with less intent to leave the nursing profession. Hypothesis 3: No significant relationship exists between RN continuance occupational commitment and RN intent to leave the nursing profession. Correlation coefficients demonstrated a statistically significant

relationship between continuance occupational commitment and intent to leave the nursing profession ( $r=-0.14$ ,  $p=0.00$ ), indicating that greater continuance occupational commitment was associated with less intent to leave the nursing profession. Hypothesis 4: No significant relationship exists between RN age and RN occupational commitment to the nursing profession. Correlation coefficients demonstrated a statistically significant relationship between age and occupational commitment to the nursing profession ( $r=-0.25$ ,  $p=0.00$ ), indicating that as age increases, occupational commitment increases. Hypothesis 5: No significant relationship exists between RN gender and RN occupational commitment to the nursing profession. Using an independent samples t-test, the null hypothesis was accepted; no significant difference was found ( $t(908)=-0.28$ ,  $p=0.78$ ). Hypothesis 6: No significant relationship exists between RN level of education and RN occupational commitment. Using a one-way ANOVA, the null hypothesis was rejected; significant differences were discovered between level of education and occupational commitment ( $F(5,900)=3.56$ ,  $p=0.00$ ). In fact, Nogueras found that RNs with graduate degrees had greater commitment to the nursing profession than RNs with diploma, associate, or bachelor degrees. However, using Bonferroni post hoc correction, the only statistically significant group difference Nogueras found was between the BSN and MSN degrees. The nurses holding MSN degrees were more occupationally committed than nurses holding BSN degrees (MSN,  $M=67.81$ ; BSN,  $M=65.35$ ).

Hypothesis 7: No significant relationship exists between RN years nursing experience and RN occupational commitment. Correlation coefficients did not show a statistically significant relationship between years nursing experience and occupational commitment ( $r=0.05$ ,  $p=0.20$ ). Hypothesis 8: Predictor variables of RN age, gender, educational

level, years nursing experience, and occupational commitment do not significantly contribute to RN intention to leave the nursing profession. Using hierarchical linear regression analyses, Nogueras found that 30% ( $r=0.30$ ,  $R^2=0.08$ ) of the variance in RN intent to leave the nursing profession can be assigned to the predictor variables of RN occupational commitment, RN level of education, and RN years of experience. Age and gender were not significant predictors of intent to leave the nursing profession.

Nogueras (2006) concluded that the higher the educational level, the more accurately occupational commitment in nursing can be predicted. Therefore, organizations employing acute care nurses should offer educational opportunities as a primary benefit of employment and education at the undergraduate level should emphasize education as a life-long pursuit. Additionally, strategies should be put in place at the national, state, and local levels to reduce educational cost for students working towards a master's in nursing since MSN-prepared nurses are more likely to be committed to the profession.

According to Kovner, Greene, and Fairchild (2009), many new registered nurses that start jobs in acute care, leave hospital positions within one year, earlier than RNs with more experience. Not only is quick turnover ominous in the face of a nursing shortage, but turnover is costly for healthcare organizations as well. When a nurse leaves, organizations incur hiring, orientation, decreased productivity, and temporary replacement costs, which organizations estimate are 1.2-1.3 times the one-year salary of a registered nurse. Since Nogueras (2006) found that years of nursing experience did not significantly predict intentions regarding occupational commitment, Kovner et al. wanted to identify factors and relationships among factors involved in new RNs' intentions to

stay at an organization. Kovner et al. used Price's (2001) model of turnover, that theorizes work attitudes (job involvement, autonomy, distributive justice, job stress, promotional chances, routines, and social support), affectivity (positive and negative individual attitude characteristics), job opportunities outside the organization, and pay (including benefits) predict job satisfaction. Also, Price's model theorizes work attitudes, distributive justice, promotional chances, and supervisor support predict organizational commitment; and satisfaction and organizational commitment predict job search behavior, that in turn predicts intent to stay. Additionally, the Price model theorizes that intent to stay, job opportunities, family responsibilities, general education, and job search behavior predict actual turnover. Kovner et al. revised Price's model to include economic variables, such as market level factors and demographic characteristics (other income, benefits, spousal wage, and part-/full-time work status), and work-family conflict variables, such as work interference with family and vice versa.

Kovner et al. (2009) sent cross-sectional surveys to newly licensed RNs in randomly chosen 51 metropolitan areas and 9 rural areas in 34 states and the District of Columbia. Each state's State Board of Nursing (including the District of Columbia) provided the sampling frame. A total of 14,512 questionnaires were mailed with 3,380 usable surveys returned, a return rate of 23%.

Kovner et al. (2009) used a 22-item instrument based on Price's model and other scales well established with good validity and reliability in previous studies. Five scales measured work attitudes and behaviors (job satisfaction, organizational commitment, work motivation, intentions to stay and job search behaviors), and 15 scales measured attitudes about work-related conditions (job variety, autonomy, quantitative workload,

organizational constraints, work-to-family conflict, family-to-work conflict, distributive and procedural justice, promotional opportunities, local and non-local job opportunities, group cohesion, doctor-nurse relationships, supervisory support and mentor support).

Two other measures assessed employee affective disposition. Promotional opportunities, autonomy, and variety of work scales had Cronbach alpha scores of 0.70 and higher; the other had alphas of 0.80 and higher.

Demographic data of Kovner et al.'s (2009) study revealed the majority of the sample was White non-Hispanic (80%), married (52%), and female (92%) without children at home (81.6%). The majority of respondents held associate degrees (53.7%), worked 12-hour shifts (77%), were employed with full-time status (85%), and worked in hospitals (87.3%). Mean wage was \$21.98 per hour.

Consistent with the model, results revealed all work attitudes except for distributive justice were significantly positively related to satisfaction (Kovner et al., 2009). Being female increased the probability of being satisfied, but being Asian or a race labeled "other" decreased satisfaction. Perceived local and non-local job opportunities and the number of hospital beds per population of 1,000 were negatively related to job satisfaction. Required overtime and higher patient loads caused less satisfaction, whereas nurses working voluntary overtime and nurses needing benefits were more satisfied. Similarly, work attitudes, excluding quantitative workload and work motivation, were related to organizational commitment; but work and family conflicts and positive affectivity were not related to organizational commitment or job satisfaction. Not surprisingly, local and non-local job opportunities were negatively related to organizational commitment. Nurses working on medical-surgical floors, working eight-



hour shifts, working full-time, and/or needing benefits reported more organizational commitment than nurses working mandatory overtime, having high patient loads, and/or having children at home. Search behavior was negatively affected by nurses having other sources of income and was positively affected by job opportunities. Newly licensed registered nurses reporting higher satisfaction, organizational commitment, autonomy, promotional opportunities, spouse's income, advanced age, and/or fewer job opportunities were more likely to intend to stay at the current employer, while nurses investigating other job opportunities, reporting less supervisory support, and/or holding baccalaureate degrees were less likely to intend to stay.

Kovner et al. (2009) concluded that the model fit the data well, providing information about the relationships among variables regarding newly licensed nurses' intent to stay. Also, Kovner et al. concluded that to increase retention hospitals must improve working conditions by decreasing mandatory overtime and patient loads and increasing flexibility of hours and promotional opportunities.

In a continued effort to understand organizational commitment, Brewer, Kovner, Greene, and Cheng (2009) proposed a longitudinal study to extend nurse turnover research to include organizational and economic approaches while examining nurse intentions to stay. Specific research questions were "(1) How do demographics, environmental context, movement opportunities, and work setting variables affect RN's intent to work and desire to quit working at time 1?, and (2) How do demographics, environmental context, movement opportunities, and work setting variables affect RN's work behavior at work time 2?" (p . 947).

Brewer et al. (2009) randomly selected 4,000 nurses from 29 states and the District of Columbia. At time 1, 1,907 nurses responded (48% response rate). The year 2 survey, an abbreviated version of the year 1 survey, was sent to all of the year 1 respondents. Year 2 responses yielded 1,348 usable surveys (70.7% response rate). The authors excluded RNs over 65 because of the likelihood that nurses of advanced age are more likely to retire soon and male RNs because of the behavioral differences of male nurses. After exclusions, the analytic sample was 1,172.

Brewer et al. (2009) did not describe exact instruments used, other than to say that all were used in previous studies and have reported reliabilities of  $\alpha=0.79-0.95$ . Desire to quit and intent to work at time 1 were the dependent variables in the first research question, and work behavior (employment status) at time 2 was the dependent variable in the second research question. Independent variables were demographic characteristics, environmental context, movement opportunities in the job market, and work characteristics.

Nearly 86% of respondents were Caucasian, married (time 1, 71%; time 2, 73.4%), middle-aged (time 1, 46.1%; time 2, 51.2%), worked in large metropolitan areas (60%), and worked in hospital settings (62.3%). Within the year from time 1 to time 2, 88.1% of the nurses had experienced a transfer to a different department and/or a change in supervisor (66.9%). Regarding research question 1, the following variables were positively related to intent to leave: higher education (BS or Master's), smaller size of institution, benefits involving HMOs, movement opportunities, holding a job outside nursing, and work-family conflict. However, nurses with children under age 6 believed advancement opportunities within the institution were available, reported greater job

satisfaction and organizational commitment, and were more likely to stay. Results related to research question 2 are as follows: (a) RNs with smaller children at home were less likely to be working at time 2; and (b) RNs educated outside the United States, earning higher wages, and intending to continue working in nursing were more likely to be working at time 2. Variables decreasing the probability of nurses working full-time were being Asian or Hispanic, having children under age 6, working in an environment of higher RN:population ratio, recently transferring from another unit, and not needing benefits. Increasing the probability of working full-time were a desire to work, working as an advanced practice nurse, needing benefits and/or money, wanting paid time off, working in smaller communities, and reporting organizational commitment (Brewer et al., 2009).

Brewer et al. (2009) concluded that work intentions are largely dependent on work-family conflicts, level of education, and most importantly, wages and benefits. Therefore, healthcare organizations have the responsibility of providing the best wages and benefits possible to retain nurses and decrease costly turnover.

Research has indicated that workload, work-family conflict, education, wages, and benefits are important predictive factors in nurses' intent to stay at organizations and/or in the nursing profession. However, workplace incivility is receiving increased attention recently as a potential moderating variable and requires further investigation. Some anecdotal evidence has hinted at incivility causing decreased job performance, job satisfaction, and physical and mental well-being and increasing turnover intentions (Laschinger, Leiter, Day, & Gilin, 2009). Laschinger et al. (2009), therefore, proposed a study to examine the influence of empowering work conditions and workplace incivility

on nurses' experiences of burnout and important nurse retention factors identified in the literature. The researchers proposed a model hypothesizing that structural empowerment, workplace incivility, and burnout are directly related to retention outcomes (job satisfaction, organizational commitment, and turnover intentions). Workplace incivility is defined by Laschinger et al. (2009) as "low-intensity deviant behavior with ambiguous intent to harm the target, in violation of workplace norms for mutual respect" (p. 303).

A total of 2,765 surveys were sent to all nurses from five hospitals in two Canadian provinces with a response rate of 40% (Laschinger et al., 2009). The sample was pared down further to include only staff nurses. Of the 612 staff nurses, 95% were female and 5.1% were male. The average age was 41.3 years ( $SD=10.6$ ) with 64.3% employed full-time, 26.7% employed part-time, 8.6% employed as needed, and 0.5% employed as temporary. The nurses worked varying lengths of time in the current facility with the majority employed 2-5 years.

The four subscales of the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II) used by Laschinger et al. (2009) measured employee access to work empowerment structures (opportunity, information, support, and resources). Each subscale had three items rated on a 5-point Likert scale, with Cronbach's alphas ranging from 0.74-0.89 for this study. The Workplace Incivility Scale measured employee's experiences with incivility, either from peers or from immediate supervisors, in the last month. Participants rated items on a 7-point Likert scale ranging from 0=daily to 6=never. Cronbach's alpha coefficients for this study were 0.84 for supervisor incivility and 0.85 for peer incivility. The Emotional Exhaustion and Cynicism subscales of the Maslach Burnout Inventory-General Survey (MBI-GS) measured burnout. Participants

rated items on 7-point Likert scales ranging from 0-never to 6-daily. Cronbach's alpha coefficients for this instrument were 0.91 for emotional exhaustion and 0.82 for cynicism. Five items measured job satisfaction, requiring respondents to rate satisfaction with coworkers, supervisors, pay and benefits, the feeling of accomplishment, and job overall. Respondents rated items on a Likert scale from 1-very dissatisfied to 7-very satisfied. Internal consistency reliability was acceptable at 0.71. The Affective Commitment Scale measured organizational commitment. Respondents rated items on a Likert scale from 1-strongly disagree to 7-strongly agree, and internal consistency reliability was marginally acceptable at 0.65. Lastly, three items from the Turnover Intentions Scale measured intention to quit using a 7-point Likert scale. Internal consistency reliability was acceptable at 0.82.

Results of Laschinger et al.'s (2009) study indicate that nurses perceived work environments to be moderately empowering ( $M=12.0$ ,  $SD=2.18$ ), similar to previous studies involving nurse empowerment. Most nurses in the study, however, had experienced incivility from supervisors (67.5%) and from coworkers (77.6%), although only a small percentage reported frequent incivility exposure (4.4%-supervisors; 2.7%-coworkers). Nurses reported high levels of emotional exhaustion ( $M=2.99$ ,  $SD=1.42$ ). In fact, almost half (47.3%) scored  $>3.0$ , which is considered the cut point for severe burnout. Yet, the nurses reported lower levels of cynicism ( $M=1.78$ ,  $SD=1.27$ ), with only 19% scoring above the 3.0 cut point. Surprisingly, scores for job satisfaction were moderately high ( $M=5.2$ ,  $SD=0.96$ ), while scores for organizational commitment were moderate ( $M=3.14$ ,  $SD=0.90$ ); and turnover intentions were low ( $M=2.36$ ,  $SD=0.98$ ). Hierarchical linear regression analyses showed that empowerment, workplace incivility,

and burnout explained a significant amount of variance in all three retention outcomes: job satisfaction ( $R^2=0.46$ ;  $P<0.001$ ), organizational commitment ( $R^2=0.29$ ;  $p<0.001$ ), and turnover intentions ( $R^2=0.28$ ;  $P<0.001$ ). Each predictor variable explained a significant amount of variance in job satisfaction: empowerment, 22.8%; supervisor/co-worker, 15%; and burnout variables, 8.3%. In the final model, cynicism, empowerment, and supervisor incivility were the strongest predictors of job satisfaction. Exhaustion and co-worker incivility were weaker but significant predictors, as well. The predictor variables accounted for 29% of the variance in organizational commitment, with empowerment explaining 19.2%, incivility explaining 6%, and burnout explaining 3.75%. In the final model, all the predictors except for emotional exhaustion explained significant variance in commitment. Empowerment was the strongest predictor, followed by cynicism and supervisor/co-worker incivility. The predictor variables accounted for 28% of the variance in turnover intentions, with the strongest predictors being cynicism, emotional exhaustion, and supervisor incivility.

The researchers concluded that the findings supported the hypothesized models, suggesting that working in empowering environments free of uncivil behaviors among supervisors and peers may protect against burnout and may promote retention in the nursing work setting. The results reveal the need to foster professional practice environments with high quality working relationships to keep nurses engaged in work and able to give skilled, knowledgeable patient care (Laschinger et al., 2009).

### *Summary*

The literature provides evidence that Kanter's four empowering work structures: access to information, support, resources, and opportunities to learn and grow, are related

to nurses' job satisfaction and organizational commitment. Further, the literature provides evidence that nurses are more engaged, report better mental health, and are less burned out in empowering work settings and, in addition, provides a clearer understanding of reasons nurses decide to leave. The findings support Kanter's Theory of Organizational Empowerment and reveal key ways to increase job satisfaction and retention in the nursing work environment (Kanter, 1993).

Laschinger, Finegan, and Shamian (2001), Laschinger & Finegan (2005 a & b) and Nedd (2006) explained and tested Rosabeth Kanter's theory (1993). Laschinger, Finegan, and Shamian (2001) found that the perception of workplace empowerment strongly affected staff nurses' trust in management, satisfaction with the workplace, and affective commitment. Likewise, Laschinger and Finegan (2005 a & b) found that staff nurse empowerment has an impact on perceptions of fair management practices, respect, and trust in management, which ultimately influences job satisfaction and organizational commitment. Nedd's (2006) findings were consistent with Laschinger and Finegan's (2005 a & b) study results. Nedd's (2006) results supported Kanter's theory that empowerment structures significantly relate to employee's behaviors and attitudes, especially intent to stay. The studies provide additional support for Kanter's Theory of Organizational Empowerment.

Since results have shown that significant relationships exist among empowering work structures, job satisfaction, and organizational commitment, several studies have been conducted to find out nurses' knowledge and perceptions of empowering work structures and resulting outcomes. Laschinger, Shamian, and Thomson (2001) investigated nurses' perceptions of empowering work structures in magnet hospitals and

found that autonomy, control over the practice environment, and physician-nurse collaboration impacts nurses' trust in management and job satisfaction. Kuokkanen, et al. (2003) found that job satisfaction, job commitment, and level of professional activity correlated strongly with empowerment, and concluded that nurses are more likely to perceive themselves as empowered if allowed to have real influence and decision-making power over the actual work environment. Lastly, Laschinger (2004) investigated nurses' perceptions of respect and organizational justice and concluded that constructive relationships among management and staff, as well as access to empowering work structures increases nurses' perceptions of respect and justice.

With greater understanding of empowerment and nurse perception of empowering work structures, the next logical question one might ask is "What are the actual outcomes of empowering work structures on job satisfaction and organizational commitment?". Lynn and Redman (2005) studied the relationships among organizational commitment, job satisfaction, and other factors affecting nurses' intentions to leave current job and found that work load and administrative support predicted organizational commitment; organizational commitment and work and professional satisfaction predicted nurses' intent to leave. Interestingly, Nogueras (2006) went a step farther and investigated factors predicting intent to leave the nursing profession and found that empowering work structures have virtually no effect on occupational commitment, which appears to be predicted more by level of education than by any other factor. In an effort to understand recent statistics stating that many new registered nurses leave positions within one year, incurring high organizational turnover costs and wasting valuable training time, Kovner et al. (2009) explored factors associated with newly licensed RN's intent to stay. Kovner



et al. concluded that newly licensed RNs' work behavior is a complex process, influenced by work load, mandatory overtime, flexibility of hours, and promotional opportunities. Likewise, Brewer et al. (2009) investigated predictors of nurses' intent to work and work decisions over time. Brewer et al.'s conclusions differed slightly from previous studies and do not mention any of the four empowering work structures. Brewer et al. found that work intentions are largely dependent on work-family conflicts, level of education, and most importantly, wages and benefits. Lastly, Laschinger et al. (2009) specifically studied impact of empowering work structures, incivility, and burnout on nurse recruitment and retention outcomes. Laschinger et al. discovered that empowerment, incivility, and burnout all play a major role in three employee retention outcomes: job satisfaction, organizational commitment, and turnover intentions.

The studies reviewed primarily employed self report surveys involving over 20 instruments to collect data and examine variables related to empowerment, job satisfaction, and organizational commitment. Study frameworks included Kanter's Theory of Organizational Empowerment, Aiken et al.'s (1997) Model of Hospital Organization, Laschinger et al.'s (2004) exploratory model describing antecedents and consequences of nurse perception of respect, Price's (2001) Theory of Turnover, and Meyer and Allen's (1991) Three-Component Model of Occupational Commitment. The diverse results demonstrate the complexity of nurse work behavior and identify factors associated with empowerment, job satisfaction and organizational commitment. The challenge lies in applying research to better understand relationships among empowering work structures and organizational outcomes for the purpose of providing valuable information for healthcare administrators and nursing management.

### Chapter III: Methods and Procedures

Nursing management must make empowering work structures accessible to employees to increase employees' trust and respect in the workplace. Trust and respect in the workplace are necessary for group cohesion, perceived fairness of decisions, and organizational effectiveness, that lead to job satisfaction and organizational commitment (Laschinger, Finegan, & Shamian, 2001). This non-experimental, predictive study is a partial replication of a study by Laschinger and Finegan (2005 b). The purpose of this study is to test a model of organizational empowerment linking nurses' empowerment to organizational justice, respect, and trust in nursing management and subsequent job satisfaction and organizational commitment. Information about relationships among empowering work structures, justice, trust, respect, job satisfaction, and organizational commitment, can help nursing management tailor appropriate empowering strategies to the nursing workplace.

#### *Research Question*

Do organizational empowerment, organizational justice, respect, and trust in nursing management predict nurses' job satisfaction and organizational commitment?

### *Population, Sample, and Setting*

A sample of 600 staff nurses will be chosen from a population of intensive and medical-surgical units in hospitals across Central Indiana using the Indiana State Board of Nursing list of registered nurses. Names will be shuffled and drawn at pre-determined intervals to ensure randomization. Inclusion criteria include active employment in intensive and/or medical-surgical unit(s), registered nurse status, and full completion of one questionnaire. Demographic data collected will be age, gender, educational level, current unit, years in current unit, and total years nursing experience.

Hospitals across Central Indiana were chosen since this area of Indiana includes both rural and urban hospitals and will provide a more accurate picture of acute care nurses as a whole. Because most size hospitals will be represented, the study's findings can be generalized to the wider target population. The representativeness is limited, however, due to the large metropolitan area of Indianapolis, which includes several large hospitals, and could cause the findings to represent more of the urban nursing population.

### *Protection of Human Subjects*

This study will be submitted to the Ball State University Institutional Review Board (IRB) and to all chosen hospital institutional research review bodies for approval prior to conduction of the research. Special attention to ethical considerations will be shown by adhering to ethical principals during all parts of the study. Benefits of this study include obtaining valuable information for hospital administrators and nursing management in the effort to increase job satisfaction and nurse retention. No risks are identified in any part of the study, and voluntary participation and right to refuse at any

time will be thoroughly explained and consistently maintained. Each nurse will receive a cover letter explaining full disclosure of the study with each questionnaire. Anonymity and confidentiality will be maintained throughout the research by using the information only for research purposes and by not publicly displaying names and/or other identifying information.

### *Procedure*

After receiving IRB approval, the research study will be introduced to and approved by all participating hospitals' administrations and nursing managements. The questionnaires, including demographic surveys, will be mailed with a cover letter after approval is received from all participating hospitals. Two weeks later, a reminder letter with a second demographic survey and questionnaire will be mailed to all participants to increase rate of return. Written consent is required and will be obtained within each questionnaire. To promote consistency and accuracy of data, the researchers will send questionnaires to all with each mailing and will allow exactly 30 days after the second mailing for questionnaire return to the researcher via the School of Nursing at Ball State University. This information will be included in the cover letter so that each participant is aware. Only one demographic survey and questionnaire per person will be used for research purposes.

### *Research Design*

This study is of non-experimental predictive design. The purpose of the non-experimental (descriptive) design is to describe concepts and identify relationships among variables (Burns & Grove, 2005). A non-experimental design is appropriate because the intent of this study is to describe relationships among clearly defined, identified variables. This study will examine and describe links among the concepts of trust, respect, organizational justice, job satisfaction, and organizational commitment.

### *Instrumentation, Reliability, and Validity*

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II), an 18-item instrument made up of 6 subscales, will measure nurses' perceptions of access to six empowerment structures identified by Kanter: access to opportunity, information, support, resources, formal power and informal power (Kanter, 1993). Each item will be rated on a 5-point Likert scale with higher scores indicating higher levels of empowerment. Each of the six subscales will be added and averaged, and a total empowerment score will be created by adding the scores from the six subscales for a possible score range of 6-30. Cronbach's alpha reliability for the CWEQ-II was  $r=0.82$  in a previous study (Laschinger & Finegan, 2005 b).

Interactional justice will be measured by a 9-item instrument, the Moorman Justice Scale (Moorman, 1991). Participants will rate each item on a 7-point Likert scale with higher points indicating higher levels of perceived justice. Each participant's responses to the interactional justice scale will be added and averaged for an overall

justice score. Internal consistency reliability of the scale was  $r=0.81$  in a previous study (Laschinger & Finegan, 2005 b).

Siegrist's Esteem Scale (Siegrist, 1996), a 3-item scale, will be used to measure nurse's perceptions of respect from managers and peers. Items will be rated on 7-point Likert scales with higher scores indicating higher levels of perceived respect. The responses to the esteem scale will be added and averaged for an overall respect score. The internal consistency reliability in previous studies has been acceptable at  $r=0.76$  (Laschinger & Finegan, 2005 b).

To measure staff nurses' perceptions of reliability, openness/honesty, competence, and concern from management, the Mishra 17-item Trust in Management Scale (Mishra, 1996) will be used. Items will be rated on 7-point Likert scales, and the scales will be added and averaged for overall trust in management scores. Trust in management can predict both job satisfaction and organizational commitment, providing evidence of predictive validity. Cronbach's alpha reliability estimate of  $r>0.70$  has been acceptable in a previous study (Laschinger & Finegan, 2005 b).

Job satisfaction and organizational commitment will be measured using subscales from Williams and Cooper's Pressure Management Indicator (Williams & Cooper, 1998). Items will be rated on 6-point Likert-type scales. The Job Satisfaction subscale will measure level of satisfaction with type of work, in terms of tasks and functions, and predicts organizational commitment, positive organizational climate, and perceived degree of control in the workplace. Internal consistency reliability has been acceptable at  $r=0.89$ . The Organizational Commitment subscale will measure employees' attachment to the organization and the extent to which work is perceived to include quality of life.

Previous internal consistency reliability estimates have been acceptable at  $r=0.84-0.88$ . Items from each subscale will be added and averaged for overall job satisfaction and organizational commitment scores (Laschinger & Finegan, 2005 b).

To ensure internal reliability for each instrument in this study, Cronbach's alpha will be determined with the study sample prior to other statistical analyses. Also, a panel of experts will evaluate each instrument for content validity.

### *Measures of Data Analysis*

Descriptive statistics will be used to analyze study variables and to determine the extent to which nurses perceive each of the empowering work structures. Mean scores will be calculated for each scale and subscale and for overall perceived empowerment. The hypothesized model will be tested for fit, as well, using several indices: likelihood ratio chi-square, comparative fit indices (CFI), and the root mean square error of approximation (RMSEA). Path coefficients will be tested for significance using  $t$  tests (Laschinger & Finegan, 2005 b).

### *Summary*

In this chapter, the proposed methods and procedures for the study are described. The specific variables examined will be interactional justice, trust, respect, job satisfaction, and organizational commitment. A non-experimental predictive design will be used with an anticipated sample of at least 200 participants. Data will be collected using five different instruments and a demographic survey and will be analyzed using descriptive statistics and structural equation modeling. This study will replicate a previous study by Laschinger and Finegan (2005 b). The researchers will attempt to

validate previous findings and provide valuable information for hospital administrators and nursing management that could lead to increased job satisfaction and organizational commitment among acute care nurses.



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LITERATURE REVIEW TABLE

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
Laschinger, & Finegan (2005)	Nurses lack trust and respect in management, leading to decreased job satisfaction and organizational commitment.	<p>Determine relationships among organizational empowerment, organizational justice, respect, and trust in nursing management with job satisfaction and organizational commitment.</p> <p><u>Question:</u></p> <p>Do organizational empowerment,</p>	<p>Structural Theory of Organizational Empowerment (Kanter, 1977)</p> <p><u>Concepts:</u></p> <p>Job satisfaction, organizational commitment, organizational justice, trust, empowerment, and respect</p>	273 medical-surgical & intensive care nurses	Non-Experimental predictive	<p>Conditions for Work Effectiveness Questionnaire – II</p> <p>Moorman's Justice Scale</p> <p>Siegrist's Esteem Scale</p> <p>Mishra's 17-item Trust in Management Scale</p> <p>Subscales from Williams' and Cooper's Pressure</p>	<p>CWEQ-II: Work environments only somewhat empowering</p> <p>Justice Scale: Moderate amounts of justice found in work environment</p> <p>Siegrist's Esteem Scale: Nurses did not perceive respect given as deserved</p> <p>Mishra's Trust In Management</p>

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		organizational justice, respect, and trust in nursing management predict nurses' job satisfaction and organizational commitment?				Management Indicator	Scale: Nurses reported lack of trust in management  Williams' and Cooper's Pressure Management Indicator: Management rated low on honesty and concern for staff
Laschinger, Finegan, & Shamian (2001)	Nurses lack organizational trust and empowerment leading to decreased work	Test Kanter's Theory linking workplace empowerment, organizational trust, job	Structural Theory of Organizational Empowerment (Kanter, 1977)	300 male & 300 female nurses in urban tertiary care	Non-experimental predictive	Conditions for Work Effectiveness Questionnaire-II  Job Activities	CWEQ-II: Jobs only moderately empowering  Job Activities

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
	satisfaction and organizational commitment.	<p>satisfaction, and organizational commitment.</p> <p><u>Question:</u></p> <p>Do workplace empowerment and organizational trust impact job satisfaction and organizational commitment?</p>	<p><u>Concepts:</u></p> <p>Employee empowerment, job satisfaction and organizational commitment</p>	hospitals in Ontario		<p>Scale</p> <p>Organizational Relationships Scale</p> <p>Interpersonal Trust at Work Scale</p> <p>Organizational Commitment Questionnaire</p>	<p>Scale: A high degree of formal power not perceived</p> <p>Organizational Relationships Scale: Moderate amount of informal power perceived</p> <p>Interpersonal Trust at Work Scale: Higher confidence and trust in peers than in management</p> <p>Organizational Commitment Questionnaire:</p>

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
							Continuance commitment higher than affective commitment
Laschinger, & Finegan (2005)	Distrust of management and lack of employee empowerment is leading to decreased employee engagement, job satisfaction, and organizational commitment.	Test Kanter's Theory linking staff nurse empowerment to six precursors of work engagement: opportunity, information, support, resources, formal power, and informal power.	Structural Theory of Organizational Empowerment (Kanter, 1977)  <u>Concepts:</u>  Employee engagement and empowerment, job satisfaction, and organizational commitment	500 nurses working in urban tertiary care hospitals across Ontario	Non-experimental predictive	Conditions for Work Effectiveness Questionnaire-II  Autonomy and meaning subscales from the Psychological Empowerment Scale  Dekker and Barling's Work Overload Scale  Mishra's Trust	CWEQ-II: Work conditions only somewhat empowering  Autonomy and meaning subscales: Nurses felt most positive about amount of control over work and the fit between personal values and organizational values



Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		<p><u>Question:</u></p> <p>Does structural empowerment impact the six precursors to employee engagement, thus affecting job satisfaction and organizational commitment?</p>				<p>in Management Scale</p> <p>Reward and Community subscales created from the Sources of Pressure subscale of Williams and Cooper's Pressure Management Indicator</p> <p>Emotional Exhaustion subscale from Maslach Burnout Inventory—General Survey</p>	<p>Work Overload Scale: Moderate burnout level</p> <p>Trust in Management Scale: High level of fairness not perceived</p> <p>Reward and Community subscales: Low degree of reward and community perceived with the greatest degree of mismatch felt in the areas of work life related to</p>

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
						<p>Energy Level scale derived from the Pressure Management Indicator</p> <p>Physical symptoms scale derived from the Pressure Management Indicator</p> <p>Depressive State of Mind Pressure Management Indicator subscale</p>	<p>workload, reward, and community</p> <p>Emotional Exhaustion subscale: Increases as workload increases</p> <p>Energy Level scale: Moderate energy levels</p> <p>Physical Symptoms scale: Few physical symptoms reported</p> <p>Depressive</p>

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
							State of Mind subscale: Moderate levels of depressive symptomology
Nedd (2006)	Nursing turnover problematic to healthcare and nursing leadership must develop strategies for retention.	To determine the relationship between intent to stay and perceptions of empowerment in the nursing setting.  <u>Question:</u>  Do formal power, perceived informal power, and perceived access to work empowerment	Structural Theory of Organizational Empowerment (Kanter,1977)  <u>Concepts:</u>  Structure of power, opportunity, information, support, formal power, and informal power	Random sample of 500 RNs from Florida, 206 RN surveys completed	Descriptive correlational survey design	Job Activities Scale  Organizational Relationships Scale  Conditions for Work Effectiveness Questionnaire  Intent to Stay on Job by Kim, Price, Mueller, and Watson (1996)	Nurses reported higher empowerment scores than previous studies and greatest access to opportunity. Only moderate access to other empowerment structures found.  Moderate levels of intention to stay reported

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		structures relate to nurses' self-reported intent to stay on the job?					
Laschinger, Shamian, & Thomson (2001)	Distrust of management has lead to decreased organizational commitment and job satisfaction, and possibly burnout and lower quality patient care.	To test Aiken et al.'s Model of Hospital Organization linking workplace conditions to organizational trust, burnout, job satisfaction, and nurse-assessed patient care quality.	Aiken et al.'s (1997) Model of Hospital Organization  <u>Concepts:</u>  Autonomy, control over practice environment, collaboration, organizational trust, burnout, job satisfaction, patient care quality	3,016 nurses from medical-surgical settings in 135 hospitals across Ontario	Non-experimental predictive	Nursing Work Index  Interpersonal Trust at Work Scale  Human Services Survey  One item scale measuring job satisfaction	Moderate levels of autonomy, control, and collaboration  Moderate trust in management  Moderate patient care quality  Moderate levels of job satisfaction

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		<u>Question:</u>  Do autonomy, control, and strong nurse-physician collaboration impact organizational trust, burnout, job satisfaction, and patient care quality?					
Kuokkanen, Leino-Kilpi, & Katajisto (2003)	With changes in working conditions, it is important to make nursing attractive to young people and retaining those already in the profession.	To examine the results of a quantitative study dealing with nurse empowerment and to consider background factors significant for	Psychological theory (not specified)  <u>Concepts:</u>  Empowerment, job satisfaction, and organizational	Random sample of 600 nurses from work registries; 416 completed surveys	Correlational study design	Qualities of Empowered Nurse Scale  Performance of an Empowered Nurse Scale  Work Empowerment	Qualities of Empowered Nurse Scale: Nurses rated own empowerment positively.  Performance of Empowered

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		<p>full realization.</p> <p><u>Questions:</u></p> <p>How do nurses assess their qualities and performance as empowered nurses?</p> <p>What factors are considered by nurses to promote or impede empowerment as compared with the ideal model of nurse empowerment?</p> <p>What background</p>	commitment			<p>Promoting Factors Scale</p> <p>Work Empowerment Impeding Factors Scale</p>	<p>Nurse Scale: Nurses rated own empowered performance positively.</p> <p>Work Empowerment Promoting Factors Scale: Nurses were undecided about empowerment promotion at work.</p> <p>Work Empowerment Impeding Factors Scale: Most nurses agreed that</p>

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		variables are the most significant for nurse empowerment?					empowerment impeding factors occurred infrequently.
Laschinger (2004)	Nurses perceive low levels of respect in the workplace, but little is known about antecedents or consequences regarding lack of respect.	To test an exploratory model of the antecedents and consequences of nurses' perceptions of respect and organizational justice in the hospital.  <u>Question:</u>  What precipitates and	Laschinger's (2004) exploratory model describing antecedents and consequences of nurses' perceptions of respect in the hospital workplace  <u>Concepts:</u>  Respect and	285 nurses employed in hospitals across Ontario working in medical-surgical, critical care, and maternal-child areas	Non-experimental predictive	Interactional Justice Scale  Conditions of Work Effectiveness Questionnaire-II  Sources of Pressure subscale from the Pressure Management Indicator	Perceptions of interactional justice and respect were remarkably negative.  Access to all empowering work structures were significantly related to respect.  Lack of recognition,

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		results from nurses' perceptions of respect in the hospital?	organizational justice				poor working relationships, and heavy workload were significantly related to respect.
Lynn, & Redman (2005)	Retention of nurses is a critical issue as hospitals face a nursing shortage.	<p>To examine the relationships among organizational commitment, job satisfaction, and nurses' intention to leave current position or nursing.</p> <p><u>Question:</u></p> <p>To what extent does organizational commitment and satisfaction predict acute</p>	<p>No framework stated</p> <p><u>Concepts:</u></p> <p>Organizational commitment, job satisfaction, intent to leave</p>	787 nurses working in acute care institutions in 8 states	Non-experimental predictive	<p>6 items from Price and Mueller's studies to measure professional and work satisfaction</p> <p>Satisfaction in Nursing Scales</p> <p>Organizational Commitment Questionnaire</p>	<p>Professional and work satisfactions are strong predictors of intent to leave.</p> <p>Organizational commitment predicted work intentions significantly, but not occupational commitment.</p>



Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		care nurses' intentions regarding current position and/or nursing?					
Nogueras (2006)	Healthcare is facing a nursing shortage, yet little is known about factors affecting nurses' occupational commitment.	<p>To test the efficacy of the Three-Component Model of Occupational Commitment in predicting RN intent to leave the profession</p> <p><u>Question:</u></p> <p>To what extent do affective, normative, and continuance commitments and age, gender, education, and years</p>	<p>Three-Component Model of Occupational Commitment</p> <p><u>Concepts:</u></p> <p>Affective, normative, and continuance commitment; occupational commitment; personal characteristics; and intent to leave</p>	908 nurses responding to notices in Nursing Spectrum magazine or on the Nursing Spectrum website	Non-experimental predictive	<p>Occupational Commitment 2000 Survey</p> <p>Measure of Career Change Cognition</p>	<p>Affective, normative, and continuance commitments; age; and education level significantly predicted occupational intentions. Gender and years nursing experience were not significant predictors.</p>

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		experience affect occupational commitment?					
Kovner, Brewer, Greene, & Fairchild (2009)	A large number of new RNs leave positions within one year; yet reasons for turnover is unknown.	To test a modified version of Price's (2001) Theory of Turnover in Acute Care Nursing  <u>Question:</u>  Do variables in the model predict job satisfaction and intent to stay and to what extent?	Modified version of Price's (2001) Theory of Turnover  <u>Concepts:</u>  Work attitudes, affectivity, job opportunities, compensation, distributive justice, job satisfaction, and organizational commitment	3,380 newly licensed RNs working in in-patient settings across the United States	Non-experimental predictive	5 measures assessed work attitudes and behaviors  15 measures assessed attitudes toward work conditions  2 measures assessed affective disposition	Nearly all work attitudes were significantly related to satisfaction and organizational commitment  Stronger affective disposition significantly predicted intent to stay.
Brewer, Kovner, Greene, and Cheng (2009)	Reasons for nurse turnover remain complex and unclear.	To determine how demographics, opportunities, and work	No framework is stated  <u>Concepts:</u>	1,172 nurses in 29 states and the District of	Longitudinal, non-experimental, predictive	Instruments were derived from previous research and are not	Intentions were largely dependent on work-family conflicts, level

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		<p>setting affect RNs' intent to stay at time 1 and time 2.</p> <p><u>Question:</u></p> <p>How do the above variables affect intent to stay at time 1 and one year later?</p>	Opportunities, work setting variables, intent to stay	Columbia (sampling frame taken from respondents to the Community Tracking Survey)		specifically stated	of education, and most importantly, wages and benefits at both time 1 and time 2.
Laschinger, Leiter, Day, & Gilin (2009)	Nurse turnover is a problem complicated by negative work attitudes and behaviors, such as incivility and burnout.	<p>To test a model describing relationships among workplace incivility, burnout and retention outcomes</p> <p><u>Question:</u></p> <p>How and to what extent do</p>	Laschinger et al. (2009) developed a model derived from literature review integrating theory and research relating to empowering work structures, workplace incivility,	612 nurses from 5 hospitals in 2 provinces in Ontario	Non-experimental predictive	<p>Conditions for Work Effectiveness Questionnaire-II</p> <p>Workplace Incivility Scale</p> <p>Emotional Exhaustion and Cynicism subscales of the Maslach Burnout</p>	<p>Empowering work structures significantly predicted intent to stay</p> <p>Workplace civility ratings were low and were significantly related to intent to stay</p>

Source	Problem	Purpose & Research Questions	Framework & Concepts	Sample	Design	Instruments	Results
		empowering work conditions and workplace incivility affect nurses' burnout and intentions to stay?	burnout, and retention outcomes			Inventory-General Survey  5 items were adapted to measure job satisfaction  Affective Commitment Scale  Turnover Intentions Measure	Nurses reported high burnout levels, which significantly predicted work intentions, yet reported moderately high levels of job satisfaction and organizational commitment.  Turnover intentions were low